



**TRAVEL EXPENSE REPORT**  
Department of Career and Technical Education  
SFN 7656 (11/03)

State Capitol 15<sup>th</sup> Floor  
600 East Boulevard Ave Dept 270  
Bismarck, ND 58505-0610  
Phone 701-328-3180  
Fax 701-328-1255

**CTE reimbursement will not exceed state rates.**

School/Institution		Service Area				Month of 20____	
Day	Explanation of Travel (Include person or place visited. Describe miscellaneous expenses.)	Time Travel Began	Time Travel Ended	Mileage	Meals	Lodging	Miscellaneous
1							
2							
3							
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29							
30							
31							
<p>I certify the expenses claimed are factual and do not represent any duplication.</p> <p>_____ Instructor Signature                      _____ Date</p> <p>I certify that this payment was made from a district fund and receipts, if applicable, are available for verification.</p> <p>_____ Authorized Official Signature                      _____ Date</p>				Column Totals			
				Rate:			
				Grand Total \$ _____			